

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			Page 1 of 2	
1. REQUEST NO. SCE20014Q0005	2. DATE ISSUED 1/5/2014	3. REQUISITION/PURCHASE REQUEST NO. PR3045923	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input type="checkbox"/>	RATING		
5a. ISSUED BY AMERICAN EMBASSY COLOMBO 210 GALLE ROAD, ATTN: GSO PROCUREMENT COLOMBO			6. DELIVER BY (Date) 4/29/2014			
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)			
NAME Sanjay D. Mailvahanan		TELEPHONE NUMBER 94112498525		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY COLOMBO		
8. TO:			b. STREET ADDRESS 210 GALLE ROAD, ATTN: GSO			
a. NAME		b. COMPANY		c. CITY COLOMBO		
c. STREET ADDRESS			d. STATE			
d. CITY		e. STATE		f. ZIP CODE		e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE 1500hrs 1/30/2014		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.				
11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
	SEE LINE ITEMS					
12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>		a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)
						d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations [] are [] are not attached.						
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER						
STREET ADDRESS			16. SIGNER			
c. COUNTY			a. NAME (Type or print)			b. TELEPHONE
						AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)			NUMBER

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Details as per RFQ - SCE20014Q0005, Electrical Vehicle Barriers Funding Information: Total: \$0.00 ----- \$0.00	2.00	EA	\$0.00	\$0.00